

K-712 Fire Drills: Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine.

Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership.

Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.

18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7

18.7.1.4 & 19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.

18.7.1.5 & 19.7.1.5 Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.

18.7.1.6 & 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.

18.7.1.7 & 19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.

Name of Facility		Date	
	1 ST SHIFT	2 ND SHIFT	3 RD SHIFT
	TIME:	TIME:	TIME:
1ST QUARTER January – March	Date/day/time Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	Date/day/time Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	Date/day/time Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO
2ND QUARTER April – June	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO
3RD QUARTER July – September	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO
4TH QUARTER October – December	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO	 Alarm activated <input type="checkbox"/> YES <input type="checkbox"/> NO